Index

Provider One
NPI Frequently Asked Questions

	Provider Question	Provider Answer
1.	What is NPI?	NPI is a requirement of the Federal Health Insurance Portability and Accountability Act (HIPAA). It is a standard unique identifier for all health care providers in the United States. ○ An NPI is assigned to eligible health care providers for their lifetime. NPI replaces existing provider identifiers such as Medicare, Medicaid or private insurance numbers. ○ Once the NPI is implemented it will become the HIPAA standard for all health plans, healthcare clearinghouses, and healthcare provider transactions.
2.	Does CMS require compliance on May 23, 2007?	The date for federal compliance is May 23, 2007. CMS guidance released 4/3/2007 clarified that covered entities that have been making a good faith effort to comply with the NPI rule may implement contingency plans that could include accepting legacy identifiers on HIPAA transactions up to May 23, 2008.
3.	What is the purpose of NPI?	The federally mandated NPI is intended to improve the efficiency of the health care system and help to reduce fraud and abuse. The intent of the NPI is to simplify transaction processing by eliminating the need for payers and providers to maintain numerous identifiers. As an example, a physician will be able to use the same NPI to bill Regence, Group Health, Medicare, Medicaid, etc.
4.	What will the NPI look like?	The NPI will be a unique, ten-digit, numeric identifier. The NPI will contain no imbedded intelligence. A provider's state, region, specialty or any other information cannot be derived from their NPI.
5.	What numbers does NPI replace?	The NPI will replace other identifying numbers currently used such as: ○ DSHS Medicaid provider number ○ Medicare provider number ○ UPIN (Unique Physician Identification Number) ○ All other payers' provider numbers (example Group Health number)

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6.	What numbers does NPI NOT replace?	NPI will not replace numbers used for purposes other than general identification. NPI will NOT replace o Social Security Number (SSN) o Drug Enforcement Agency (DEA) number o Taxpayer ID number (TIN) o State license number
7.	What is NPPES?	The National Plan and Provider Enumeration System (NPPES) was developed to assist the Centers of Medicare and Medicaid Services (CMS) in assigning NPIs.
8.	Who assigns NPI?	CMS has contracted with FOX Systems to assign (enumerate) NPIs. FOX Systems will be responsible for the following: o Process NPI applications and updates o Maintain a helpdesk to assist with the NPI application process and resolve any issues o Handle data requests
9.	Where do I get an NPI?	Applying for the NPI is FREE. Choices include: o Web application on the CMS website: https://nppes.cms.hhs.gov/ o Paper application by calling 1-800-465-3203
10.	What if I need to change my NPI?	Providers can make changes to their NPI (s) by: o calling 1-800-465-3203, o email using customerservice@npienumerator.com, or o logging back into their NPPES account to make the modifications to their original NPI application. The website is https://nppes.cms.hhs.gov/
11.	Who is required to get an NPI?	With the exception of certain 'atypical' providers DSHS requires all health care providers (individual, organization, and subparts of an organization) to obtain an NPI if they are submitting electronic and paper claims. o Individuals or "Type 1" providers such as doctors, nurses, dentists, etc. get one NPI regardless of the number of practice locations, contracts etc. One NPI per individual provider per lifetime. o Organizations or "Type 2" providers such as hospitals, nursing facilities, group practices, Tribal Healthcare Services, DME suppliers, etc. may get one or more NPIs.

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12.	What is a subpart of an organization?	A subpart is any component of a provider organization that furnishes health care. (Example: An inpatient unit and a radiology department are subparts of a hospital.)
		A subpart also refers to separate physical locations of an organization. (Example: A clinic has an office in two different cities. Each location is a subpart.)
		Unless the health care provider is already enrolled in Medicare as an individual practitioner or a sole proprietor, certain organizational subparts will usually require a separate NPI.
		Washington DSHS is aligning with Medicare's recommendation on subpart NPIs. More information on subparts:: http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf http://www.cms.hhs.gov/MLNMattersArticles/downloads/se0608.pdf

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13.	How many NPIs does each provider need?	DSHS recommends providers consider the following when obtaining their NPIs in order to ensure accurate payments.
		
		Individual – Type 1 Providers
		Individual providers are only eligible to obtain one NPI
		
		Organizational – Type 2 Providers
		Medicare recommends:
		
		• An NPI for each physical service location. *More detail on this recommendation can be found at:* http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf
		• An NPI for each type or line of business your organization provides.
		(More detail on this Recommendation can be found at - http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf *)*
		• An NPI for each location in your organization where payment is sent.
		    o DSHS can only use one pay-to address per NPI. This means a provider will receive one (1) check or Electronic Funds Transfer payment and one (1) Remittance Advice (RA) or HIPAA 835 per NPI.
		    o Providers should consider how the receipt of one RA or HIPAA 835 may impact their reconciliation processes.

14.	Does the number of NPIs determine the number of warrants providers will receive?	Yes. Each NPI generates: - one warrant or Electronic Funds Transfer, and - one Remittance Advice (RA) If a provider has multiple NPIs but a single pay-to address, the provider will receive multiple warrants at that address.
15.	Can multiple NPIs use the same physical billing or Electronic Funds Transfer (EFT) address?	Yes. Providers can use the same **Electronic Funds Transfer** address or physical billing address for multiple NPIs.
16.	Can providers who share a federal tax ID get separate NPIs?	Fox Systems can help you with this question. Call them at 1-800-465-3203.

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17.	Can a hospital bill professional fees and facility fees under the same NPI?	Yes, but DSHS billing requirements for claim types do not change. Professional Fees are billed on a CMS 1500 form or the 837P electronic claim and Facility Fees on a UB04 form or the 837i electronic claim
18.	Can an organization with three physicians at a single clinic use one NPI for billing?	NPI does not change group billing requirements. A claim requires both a payable clinic NPI and an attending/rendering service provider NPI.
19.	If an individual provider works at multiple locations, do they need a different NPI for each location?	No. Each Type 1 provider is eligible for only one NPI. That NPI is used at each location.
20.	How does the NPI impact a physician who sometimes works for a group and sometimes bills directly?	When working with a group, the provider's NPI would be listed on the claim as the performing or servicing provider and the group's NPI would be listed as the billing provider. When working as an individual and billing directly, the provider's NPI would be listed as the payable provider NPI.
21.	Which providers are not eligible ("atypical") for NPI?	Atypical providers do not directly deliver medical services and are not eligible to receive an NPI from CMS. Provider types (paid through the current Medicaid Management Information System MMIS) that may not qualify for an NPI include: o Managed Care Organization (MCO) o Regional Support Network (RSN) o Dental hygienists o Intravenous Therapy o Infant Case Management o Aids Case Management o Genetic Counseling o Maternity Support Services Other provider types (currently paid through Social Services Payment System SSPS or similar services paid via A-19) that may not qualify for an NPI: o Adult Day Health o Assisted Living Facility o Personal Care o Vulnerable Adult Case Management o Non-Medical Transportation o Home and Vehicle Modifications

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22.	What do atypical providers use on claims if they don't have an NPI?	DSHS will assign those providers without an NPI a Provider ID when they register in ProviderOne. They will use the ProviderOne Provider ID for billing, rendering, referring, attending, operating, and other services.
23.	What will the ProviderOne Provider ID look like?	The ProviderOne Provider ID will be nine digits. The first seven are numeric and the last two are the two digit alpha-numeric location suffix. The number will look like this: 1234567AA.
24.	When can I report my NPI(s) to DSHS?	Now! Providers must report their NPIs to DSHS by August 17, 2007. Instructions are posted at: http://maa.dshs.wa.gov/ProviderOne/
25.	How will DSHS notify providers of NPI information?	DSHS will notify providers in many ways including: ○ Remittance Advice (RA) newsletter ○ Distribution List (ListServ) emails ○ Postings to ProviderOne website ○ Postcard notifications ○ Numbered memorandums
26.	How can providers sign up for email updates?	Providers can sign up for email distribution lists (ListServs) to help them get ready for ProviderOne. ○ **General Email Distribution List -** for providers who want to be notified of new materials, workshops and tools to help them prepare. Join at the following web site: http://listserv.wa.gov/archives/providerone_provider_readiness.html ○ **Technical Email Distribution List** for individuals that only want to receive information on changes to batch HIPAA files and need data specifications (companion guides) for those files. Join at the following web site: http://listserv.wa.gov/archives/providerone_it_managers_group.html

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27.	How do I report my NPI(s) to DSHS?	DSHS has a web-based application for providers to report their NPIs to DSHS. This web-based tool will support file uploads. Providers can use this tool to inform DSHS of NPIs and map them to their current Medicaid Provider numbers. DSHS will use this information to convert (move) provider data from the current MMIS system to ProviderOne. Providers without internet access can call DSHS to report their NPI(s).
28.	When are providers required to use NPI with DSHS?	See DSHS Memorandum No. 06-81 Issued October 5, 2006. http://fortress.wa.gov/dshs/maa/download/Memos/2006Memos/06-81%20NPI.pdf **Please note the following clarification:** **1. On May 23, 2007, DSHS will not enforce the requirement to include the NPI on electronic and paper claims** **2. Washington is not currently testing submission of the NPI on inbound HIPAA transactions (837, 270, 276 & 278)** **3. DSHS will continue to only include the Medicaid Provider Number on outbound HIPAA transactions (835, 277U, 277, 271 & 278) and the paper remittance advice until ProviderOne implementation** Pharmacy NPI and Point of Sale questions are addressed in the Pharmacy FAQ
29.	Why don't you capture our NPIs from submitted claims?	It is more accurate for providers to report this information during NPI capture activities.

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30.	How will the NPI be used?	The NPI must be used in connection with the electronic transactions identified in HIPAA, which includes the following: ○ 837 - claim submission ○ 835 - remittance advice ○ 277 - unsolicited remittance advice for suspended claims ○ 270/271 - eligibility inquiry and response ○ 276/277 - claim status inquiry and response ○ 278 - referral and authorization In addition DSHS will require NPI on all paper claims. The NPI may be used by providers to: ○ Identify themselves in HIPAA-compliant healthcare transactions or on related correspondence. ○ Identify other healthcare providers in healthcare transactions or on related correspondence. The NPI may also be used to: ○ Process transactions and communications with providers by health plans. ○ Coordinate benefits between health plans. ○ Identify treating providers in patient medical records. ○ Cross reference providers in fraud, abuse, and other program integrity files by the Department of Health and Human Services (HHS).
31.	Can Providers submit both identifiers (NPI and MMIS Provider ID) on claims before May 23, 2007?	Yes, providers may start submitting the NPI on their claims today. However, the current MMIS system will only utilize the Medicaid Provider Number. DSHS will not return the NPI on the warrants, RAs or HIPAA transactions before ProviderOne goes live.
32.	Why isn't DSHS using only NPI after May 23, 2007?	DSHS is implementing a new Medicaid payment system called ProviderOne. Because our new Medicaid payment system's estimated completion date closely coincides with the NPI implementation date of May 23rd, 2007, DSHS intends to implement the NPI rule only in ProviderOne.
33.	Where can we look up providers' NPIs?	○ The Federal Government/NPPES has not determined whether it will offer an NPI list. ○ DSHS plans to incorporate NPI into its Provider Number Reference (PNR) database but does not have an implementation date at this time. This database can be found at http://pnrmaa.dshs.wa.gov/

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34.	Is there room on paper claims forms/HIPAA transactions for both NPI and the MMIS Provider ID until go-live?	Yes. Please see DSHS Numbered Memorandum 06-81 and 07-03 found at: http://maa.dshs.wa.gov/download/numberedmemos.htm
35.	What if providers' software can't accommodate NPI?	Providers need to contact their software vendors to have the NPI included on their claims submissions to DSHS and all other payers.
36.	What is taxonomy?	The Healthcare Provider Taxonomy Code (HPTC) is a unique, 10-digit, alphanumeric code that allows a provider to identify their specialty category. Providers applying for their NPI will be required to submit their taxonomy information. Providers may have one or more than one taxonomy associated to them. More information can be found at http://www.wpc-edi.com/taxonomy/more_information
37.	Will all **healthcare** providers have a taxonomy code?	Yes. o All providers that have an NPI will have a taxonomy code or codes associated with them. o CMS is regularly updating its list of specialty categories. o Providers can submit information to have your specialty added by CMS.
38.	Do providers need to report their taxonomy to DSHS prior to ProviderOne go-live?	We are not collecting taxonomy during DSHS's NPI Reporting. Current Providers will not submit their taxonomy during NPI Reporting when they report their NPI to DSHS. Providers will have an opportunity to validate the taxonomies DSHS assigns to them based on their current provider types and subspecialties in the current MMIS system.
39.	What Taxonomy matches my current DSHS provider type and specialty?	If needed, refer providers to the CMS taxonomy website: http://www.wpc-edi.com/taxonomy
40.	Will Taxonomy be required on claims?	Yes. DSHS will require the taxonomy code on institutional, professional and dental claims once ProviderOne goes live. This applies to both electronic and paper claims.
41.	Where does taxonomy go on the CMS-1500, UB-04, and ADA Dental claim?	DSHS will publish a numbered memorandum to inform all providers the field placement of the taxonomy code on both 837 and hardcopy claim forms.
42.	How can I learn more about DSHS policies about taxonomy?	DSHS will be preparing and disseminating materials to communicate to providers what our strategy and rules are around taxonomy.

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